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Child sexual abuse: the
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CHILD SEXUAL ABUSE: THE RECOVERED MEMORY/FALSE MEMORY DEBATE

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Political and Social Affairs Division

November 1994



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CHILD SEXUAL ABUSE: THE RECOVERED MEMORY/FALSE MEMORY DEBATE

INTRODUCTION

The suggestion that therapists may be inducing false memories of childhood incest and sexual abuse in their clients and encouraging them to confront and sever relations with their families has become a controversial issue in the United States and, to a lesser degree, in Canada.

In recent years, adults (mainly, but not exclusively, women) have come forward in unprecedented numbers with a belief, often not previously held or disclosed, that they were sexually victimized in childhood (usually, but not exclusively, by their fathers). In a typical case, the woman claims to have partially or totally repressed the abuse for years as a defensive strategy. During that time, however, unconscious memories of the abuse produced pathological results, such as low self esteem, depression, substance abuse, and sexual dysfunction, which negatively affected her personal relationships and working life. Ultimately she has turned to mental health therapy, in the course of which memories of traumatic child sexual abuse have surfaced. As part of her therapeutic recovery, she confronts her alleged abuser.

The phenomenon of recovered memories of abuse has attracted a great deal of criticism, principally from the accused. As well, not surprisingly, family relations have undergone considerable strain in cases where an adult child has accused a parent or other relative of historical sexual abuse.

WHAT WE KNOW ABOUT CHILD SEXUAL ABUSE

Many Canadians expressed shock and dismay in 1984 when the federal government-appointed Committee on Sexual Offences Against Children and Youths (Badgley Committee) reported its findings. The Committee revealed that about one in two females and

one in three males in Canada reported having been a victim of unwanted sexual acts. Four in five of these incidents had occurred when the victims were children and youths.⁽¹⁾

Over the past two decades we have learned much about the sexual victimization of children.⁽²⁾ We know it consists of clandestine acts rarely witnessed by another person. This fact makes it difficult to establish conclusively the extent of the problem. It is estimated that anywhere from 12 to 38% of all women and 3 to 15% of all men were victims of sexual aggression in their childhood. Such victimization is often repeated over a relatively long time and, although the perpetrator may use non-violent strategies to gain the child's acquiesence, the abuse is experienced by the child as coercive. Child sexual abuse generally occurs before age ten and sometimes as early as age one.⁽³⁾ In virtually all cases (90%), the perpetrator is male and in approximately 70% of cases the victim is female. Despite widespread fears of sexual assault of children by strangers, most offenders are related to or acquainted with the victim, the largest group being fathers. Because of the coercive aspect of child sexual abuse and the fact that the abuser is often someone on whom the child is dependent, most children do not disclose the abuse and those who do so are often disbelieved; few sex crimes involving children result in convictions. Finally, the consensus of researchers in the field is that the abuse of trust, power and the sanctity of the family involved in such acts has a devastating and long-term psychological impact on the victims.

The remainder of this paper is organized as follows. First, it sets out the controversy surrounding recovered memories and describes the False Memory Syndrome Foundation. Then it presents the two major questions in the recovered memory/false memory debate: can memories of traumatic experiences such as sexual abuse be repressed and can

(1) Committee on Sexual Offences Against Children and Youth, *Sexual Offences Against Children*, Volume 1, Ottawa, 1984, p. 175.

(2) This summary of research findings on child sexual abuse is derived from R. Gunn and R. Linden, "The Processing of Child Sexual Abuse Cases," *Confronting Sexual Assault: A Decade of Legal and Social Change*, J. Roberts and R. Mohr (eds.), University of Toronto Press, Toronto, 1994, p. 84-86.

(3) A study of incest at a Boston hospital's paediatric clinic found that almost 28% of child sexual abuse victims were aged one to five; 25%, six to nine; 32%, 10 to 13; and 16%, 14 to 16. See S. Barrett and W.L. Marshall, "Shattering Myths," *Saturday Night*, June 1990, p. 22.

therapists inject false memories of sexual abuse in childhood in their patients? Finally, the paper discusses some of the public policy implications of this debate.

THE CONTROVERSY OVER RECOVERED MEMORIES

The credibility and validity of recovered memories has become a topical issue in North America. On one side of the debate are child sexual abuse survivors and clinicians who believe memories of traumatic experiences can be repressed and recovered years later; they believe that most recovered abuse memories are authentic. On the other side are experimental psychologists, individuals who have retracted their childhood abuse allegations, and those who maintain they have been wrongly accused of child sexual abuse. In their view, traumatic experiences are rarely suppressed and most recovered "memories" are created and implanted by therapists who work within an abuse framework and are inclined to believe that a client's symptoms (e.g. depression, low self-esteem, anxiety, and other mental problems) are indicative of early sexual abuse.⁽⁴⁾

That the recovered memory/false memory debate has become a contentious social issue is evident by the presence of the U.S.-based advocacy group, the False Memory Syndrome Foundation (FMSF), founded in 1992 by the parents of a woman claiming to have recalled in the course of therapy that her father had sexually exploited her during childhood. Foundation members, like its founders, are mostly parents who say they have been falsely accused of abuse by a grown child claiming to have retrieved memories of the abuse during therapy. FMS proponents are highly sceptical of claims of memories of abuse that surface in response to external influences, like therapy, after years of unawareness of any such experience. The organization has coined the phrase "false memory syndrome" to describe the intentional or unwitting implanting of false memories of sexual abuse by an overzealous, improperly trained or ideologically motivated therapist.

(4) C. Kristiansen, C. Gareau and N. DeCourville, "The Recovered Memory Debate: Science, Social Values, or Self-Interest?" (Preliminary Draft), 1994, p. 3.

Increasingly throughout the country, grown children while undergoing "therapeutic" programs have come to believe that they suffer from "repressed memories" of incest and sexual abuse. While some reports of incest and sexual abuse are surely true, these "decade-delayed memories" are too often the result of False Memory ⁽⁵⁾ Syndrome caused by a disastrous "therapeutic" program.

A 1993 newsletter published by the Foundation claimed that "[i]n less than one year more than 2,800 families have called FMSF to say that someone in their family has recovered 'repressed memories' for which there is no empirical evidence and that family has been destroyed as a consequence."⁽⁶⁾ It is noteworthy that the veracity of the families who claim to be falsely accused has not been studied or established.

According to opponents of the FMSF, the false memory concept does not meet the criteria of a syndrome. One professional argues "a syndrome is an entity with a specific set of signs and symptoms that are encountered and described on a recurrent basis....the FMS has no signs and symptoms."⁽⁷⁾ Further, there have been no clinical studies or trials that confirm empirically the existence of a false memory syndrome.⁽⁸⁾ More critically, the false memory syndrome theory may offer a legal defence and the means for those who have committed sex crimes against children to escape being held accountable for their behaviour.⁽⁹⁾

A disdain for certain types of therapeutic intervention is one attitude uniting FMS proponents. According to False Memory Syndrome Foundation literature, an adult's belief in the authenticity of the recovered memories of abuse is honestly held. Accordingly, it is not adult

- (5) Cited in Criminal Lawyers' Association, "Human Memory and Sex Abuse Cases: The Misuse and Abuse of Science," Annual Convention and Education Programme, 5-7 November 1993, Tab 15, p. 1.
- (6) *Ibid.*, p. 3.
- (7) I. Cote, "False Memory Syndrome: Assessment of Adults Reporting Childhood Sexual Abuse," in press, *Western State University Law Review*, cited in Criminal Lawyers' Association (November 1993), Tab 10.
- (8) J. Cronin, "False Memory: The Controversy Surrounding 'False Memory' and Child Abuse," *Z Magazine* April, 1994.
- (9) L.R. Lawrence, "Backlash: A Look at the Abuse-Related Amnesia and Delayed Memory Controversy," *Moving Forward*, Vol.2, No. 4, 1993, p. 11.

children who denounce their parents who are regarded as culpable, but psychotherapists and the recovery movement.

...a growing number of parents...are confused and angry at the psychological community and self-help culture that they claim has bred...false accusations against them by their children. They view the network of counsellors, psychotherapists, social workers, radical feminists and New Age self-help groups aimed at "healing the inner child" and "reparenting" ⁽¹⁰⁾ as evil, cult-ish and bent on destroying traditional families.

One commentator has noted that the Foundation

goes so far as to recommend that accused parents sue their children's therapist for injunctive relief and damages on the grounds that the therapist is engaging in malpractice and deliberately interfering with the parental relationship with [the] child. ⁽¹¹⁾

The therapeutic techniques criticized include: using checklists of symptoms (e.g. poor self-esteem, phobias, depression, fear of rejection, difficulty in relationships, etc.) which are general enough to relate to virtually all cases; diagnosing abuse on the basis of the client's symptomatology and then encouraging the patient "to pursue the recalcitrant memories"; encouraging patients to recover "body memories" of abuse that occurred in early infancy; engaging in "persistent and intrusive probing"; interpreting dreams as signs of memory of abuse; employing guided imagery, hypnosis, and age regression to retrieve memories; and advising clients to attend support groups for abused persons.⁽¹²⁾ The proportion of therapists who subscribe to these approaches and the extent to which they are employed in clinical practices have not been documented.

(10) *Ibid.*, p. 10.

(11) S.M. Vella, "False Memory Syndrome: Therapists Are the Target in New Sexual Assault Defence Theory," *National*, Canadian Bar Association, January-February 1994, p. 37.

(12) See E. Loftus, "The Reality of Repressed Memories," *American Psychologist*, Vol. 48, No. 5, May 1993, p. 526-528; M. Yapko, *Suggestions of Abuse: True and False Memories of Childhood Sexual Trauma*, Simon and Schuster, New York, 1994, p. 114-128; S.E. Smith, "Body Memories: & Other Pseudo-Scientific Notions of Survivor Psychology," reproduced in Criminal Lawyers' Association (November 1993), Tab 9.

CAN THE MIND REPRESS TRAUMATIC EXPERIENCES?

One of the most debated questions in the recovered memory/false memory debate is whether it is possible for the human mind to suppress the memory of traumatic events in order to stave off the associated pain and distress.

False memory proponents contend that victims of child sexual abuse could not have longstanding repressed memories of their victimization because such events are "all too conscious, all too real" to forget.⁽¹³⁾ According to one clinical psychologist, in a majority of sexual abuse cases survivors are aware, and have always been aware, of their victimization but, because of shame, hurt, and poor self-esteem, they may have denied the reality of their abuse and hidden it from others, in some cases for decades.⁽¹⁴⁾ Some critics charge that the notion of repression is nothing more than "unsubstantiated speculation":

...the existence of repression has never been empirically demonstrated. Sixty years of experiments that would demonstrate the phenomenon have failed to produce any evidence of its existence....The only support repression has ever had is anecdotal and contributed by psychoanalysts who presume the existence of the repression mechanism.⁽¹⁵⁾

Despite these claims, research has documented partial or complete repression or dissociation of childhood sexual abuse trauma. In a study of 450 clinical subjects reporting sexual abuse histories (420 women and 30 men), 59% identified some period in their lives, before they reached age 18, when they had no memory of their abuse. Such amnesia was linked to abuse at an early age, long-term abuse, and violence.⁽¹⁶⁾

(13) U. Neisser, "Memory With a Grain of Salt," Invited Address at the Conference on "Memory and Reality," sponsored by the False Memory Syndrome Foundation, 16 April 1993, p. 24, reproduced in Criminal Lawyers' Association (November 1993), Tab 3.

(14) Yapko (1994), p. 157.

(15) R. Ofshe and E. Watters, "Making Monsters," 30 *Society* 4, Transaction Publishers, March/April 1993, p. 5, reproduced in Criminal Lawyers' Association (November 1993), Tab 3.

(16) J. Briere and J. Conte, "Self-Reported Amnesia for Abuse in Adults Molested as Children," *Journal of Traumatic Stress*, 6, No. 1, 1993.

In another study, 129 adult women who as children had been treated in hospital as victims of sexual abuse were interviewed about a number of child and adult life experiences, including coerced sexual contact. Over a third (38%) did not report the sexual victimization they had experienced, but which had been documented in hospital records approximately 17 years earlier.⁽¹⁷⁾ Recall was apparently affected by age, relationship to the abuser and the degree of force used; young victims, victims who had been abused by someone with whom they had a close relationship, and victims who had been subjected to force tended to report no recollection of abuse. The researchers concluded from this study

that having no memory of child sexual abuse is a common occurrence, not only among adult survivors in therapy for abuse but among community samples of women who were reported to have been sexually abused in childhood.⁽¹⁸⁾

The conclusions derived from this research have been criticized for equating failure to remember an experience with repression of the memory.⁽¹⁹⁾

A further study, involving 53 women in therapy groups for incest survivors, found that repressed memories of past sexual abuse could be retrieved and corroborated by independent evidence. All the subjects in the study were self-identified survivors of childhood sexual abuse and in outpatient clinical therapy. A small minority of the patients reported they had always remembered their abuse; the majority (64%) had some recollection of abuse and had recovered new memories during therapy; and almost a third (28%) recovered memories of abuse which, until their course of group treatment, they had entirely repressed. Asked to find corroborating evidence of their sexual abuse claims, a substantial majority (74%) were able to validate their memories from other, independent sources.⁽²⁰⁾

(17) L.M. Williams, "Recall of Childhood Trauma: A Prospective Study of Women's Memories of Child Sexual Abuse," in press, *Journal of Consulting and Clinical Psychology*, 15 April 1994, p. 9.

(18) *Ibid.*, p. 15.

(19) Loftus (1993), p. 522.

(20) J.L. Herman and E. Schatzow, "Recovery and Verification of Memories of Childhood Sexual Trauma," *Psychoanalytic Psychology*, 4, 1987.

Twenty-one women (40%) obtained corroborating evidence either from the perpetrator himself, from other family members, or from physical evidence such as diaries or photographs. Another 18 women (34%) discovered another child, usually a sibling, had been abused by the same perpetrator. An additional 5 women (9%) reported statements from other family members indicating a strong likelihood that they had also been abused, but did not confirm their suspicions by direct questioning.⁽²¹⁾

Research has failed to elucidate the true incidence of repressed memories of sexual victimization in childhood because one is asking research subjects about their memory of repressing a memory. Estimates of the proportion of incest survivors who have repressed memories of abuse range from 18% to 59%. In the view of one researcher, "the range is disturbingly great." She calls for serious research to establish both the actual incidence of memory repression and the abuse characteristics likely to produce it.⁽²²⁾

CAN WE CREATE MEMORIES OF EVENTS THAT NEVER OCCURRED?

There is a consensus among memory researchers that remembering an experience or event does not simply entail retrieving exactly what occurred in the past. The content of memories and their accuracy are formed by and responsive to various sources of information and experiences and these influences may intensify or interrupt the registration, organization, storage and recall of memories. In this sense, memory is a process rather than a fixed event; it is "reconstructive, not reproductive."⁽²³⁾

At the centre of the recovered memory/false memory controversy are two questions: Are therapists unlocking authentic distant memories of abuse or are they suggesting pseudo-memories to their clients? If the memory is not genuine, where did it come from?

Evidence from anecdotes and a growing body of research demonstrate the imperfections and malleability of memories of personally witnessed or experienced traumatic

(21) *Ibid.*, p. 10.

(22) Loftus (1993), p. 522.

(23) Yapko (1994).

events. People given new, false information about an incident that they witnessed or experienced may incorporate the revised data as part of firmly held beliefs. Even the recall of genuine traumatic experiences is subject to error with respect to details and influenced by the suggestibility of the person recalling. Moreover, it seems clear that events that did not take place can be constructed and injected into the memory.⁽²⁴⁾ Proponents of the false memory theory highlight these points to challenge the view that truly traumatic experiences create a lasting imprint in the mind and to suggest that situational influences can lead people to be convinced of something untrue.

In one experiment, subjects were asked to recall a tragic public event the day after it happened. Three years later the subjects were again questioned about the event. None of their memories was completely accurate and those of one-third were "wildly inaccurate."⁽²⁵⁾ It is noteworthy that this research did not assess the accuracy of memories of an event involving personal trauma for the respondents.⁽²⁶⁾

In another study, subjects who witnessed a life-and-death situation were interviewed years later. Many had trouble recalling with accuracy what they had seen. Participants exposed to credible misinformation about the situation incorporated the new data into their recollections.⁽²⁷⁾

Remarkably, there is evidence demonstrating that pseudo or false memories can be created about "mildly traumatic" events that never took place. In an experimental study, a 14-year-old boy was convinced by his older brother that he had been lost in a shopping centre when he was five years old. Within five days of hearing his brother's account of the event, the boy described his feelings about being lost, recalled a conversation with his mother after he was found, remembered the colour of the shirt worn by the man who helped him find his family, and recalled a conversation with this man. Within two weeks, he described some of the physical characteristics of his rescuer. When he was finally informed that his memory of getting lost was

(24) Loftus (1993), p. 530-531.

(25) *Ibid.*, p.531.

(26) Yapko (1994) p. 73.

(27) Loftus (1993), p.531.

false, the boy remained certain he remembered the experience. The researcher who conducted this and other false memory experiments has stated:

These false memories...of course do not prove that repressed memories of abuse that return are false. They do demonstrate a mechanism by which false memories can be created by a small suggestion from a trusted family member, by hearing someone lie, by suggestion from a psychologist, or by incorporation of the experiences of others into one's own autobiography... Of course, the fact that false memories can be planted tells nothing about whether a given memory of child sexual abuse is false or not; nor does it tell how one might distinguish the real cases from the false ones.⁽²⁸⁾

Critics of this research maintain that children get lost fairly often and that the boy in the above experiment may in fact have remembered an actual experience. Moreover, being sexually abused and getting lost are not comparable experiences "...the elements of shame, secrecy, and fear of disclosure that typically coincide with sexual abuse are absent from this research."⁽²⁹⁾ In other words, there is no evidence that something as traumatic as sexual abuse could be similarly implanted.

Clearly, the problem surrounding recovered memories of abuse is, in part, one of distinguishing valid recall from pseudo-memory. The current controversy is not likely to be resolved in the short term, however, because experimental and clinical research do not allow us to draw definitive conclusions as to the validity of recovered memories.⁽³⁰⁾

PUBLIC POLICY IMPLICATIONS

There is nothing new in denying or minimizing the extent of child sexual abuse, challenging victims' truthfulness, and labelling adult memories of childhood sexual abuse as inventions and fantasies. These reactions can be traced back over a century, to Freud.⁽³¹⁾

(28) *Ibid.*, p.533.

(29) Lawrence (1993), p. 10.

(30) Kristiansen, Gareau and DeCourville (1994).

(31) Cronin (1994), p. 31-32.

In the current period, the problem of the sexual victimization of children came to be recognized and confronted largely because of the work of women's groups, social policy analysts and legal scholars. Their research and analysis identified deficiencies in criminal law and public policy responses to incest in the family, provided the impetus for reform, and transformed what had been a private reality for a significant number of children into a public concern for many Canadians.

One result of breaking the silence surrounding child sexual abuse has been an increase in the number of such cases reported to the criminal justice system. Another has been the unprecedented number of adult victims of childhood sexual abuse who have come forward, often after years of inner suffering, seeking treatment for the psychological and emotional problems connected to their sexual victimization. In doing so, many victims have encountered a dearth of community-based support groups and knowledgeable therapists. This situation has been rectified in recent years by the emergence of incest survivor groups, recovery therapies, self-help manuals, mental health workshops and the like.

Once the link between past abuse and present psychological and social difficulties has been established, some adult victims have laid criminal charges against their abuser. And some have launched civil actions for recovery of damages resulting from the victimization. Suing for past actions has been made possible by relatively recent legislation or court rulings establishing changes in statutes regarding limitation periods. Since 1989, a number of states in the U.S. have passed legislation permitting civil law suits to be launched on the basis of recently discovered facts about early abuse. And a 1992 Supreme Court of Canada ruling in *K.M. v. H.M.* made it possible for victims of incest to sue their assailants after expiry of the time limits set by the Ontario *Limitations Act*. In its ruling, the Court enunciated a number of fundamental principles that will most likely facilitate access to the courts in other Canadian jurisdictions by victims of incest.⁽³²⁾

It has been suggested that the false controversy and the False Memory Syndrome Foundation emerged in the context of increased litigation launched against abusers. In fact, the

(32) For a review of the Supreme Court of Canada decision see J. Allain, *Incest: Time Limitations on Bringing Suit for Damages*, Mini-Review 101E, Research Branch, Library of Parliament, Ottawa, 5 November 1992.

public campaign to discredit recovery therapy and therapists was coincident with successful challenges to laws by adult survivors of child sexual abuse regarding the accountability of perpetrators.⁽³³⁾ In November 1993, a year after the Supreme Court of Canada had ruled in *K.M. v. H.M.*, the Criminal Lawyers' Association held a three-day conference on the false memory syndrome in Toronto. Many of the presentations and lectures dealt with defending an accused against allegations of sexual abuse by focusing on the fallibility of human memory.⁽³⁴⁾ A legal task force of the FMSF is currently examining ways to enact legislation that would force criminal and civil cases involving historical sexual abuse into mediation.⁽³⁵⁾

Some warn of the possibility that groups like the FMSF may minimize and shift the focus away from a serious social problem - the sexual abuse of children - and to label the problem one of false memories and biased therapies and therapists.

SUMMARY AND CONCLUSION

Memory work is considered a critical component of recovery therapy since experts believe that the basis for understanding one's current disorders is a recollection of one's past. Given the substantial proportion of sexual assaults involving children, the hidden, secretive nature of these acts, the depth of the survivors' pain and the troubled lives often led by adult victims of sexual abuse in childhood, it is both logical and responsible to question disturbed adult clients about past life experiences, including sexual abuse and incest. Indeed, most practitioners in the psychological community believe that awareness and understanding of previously experienced trauma is necessary for a client to return to or arrive at a state of mental health.⁽³⁶⁾

(33) J. Herman, "Backtalk," *Mother Jones*, March-April 1993, p.3.

(34) See Criminal Lawyers' Association (November 1993).

(35) Lawrence (1993), p. 14.

(36) See for example Loftus (1993) and Yapko (1994).

Therapists routinely dig deliberately into the ugly underbelly of mental life. They dig for memories purposefully because they believe that in order to get well, to become survivors rather than victims, their clients must overcome the protective denial that was used to tolerate the abuse during childhood.⁽³⁷⁾

As in most cases of sexual abuse, there is rarely much documented corroborating evidence to establish conclusively the sexual abuse of a child, especially when the alleged events took place a decade or more ago. Without objective confirmation, such as admissions of guilt, medical records, or corroboration from siblings, accusers cannot prove the truth of their charges and the accused cannot disprove them. The conflict between the accuser and the accused often comes down to a comparison of their memories and personal credibility.

At issue, as well, are the methodologies employed to uncover early abuse. It is generally conceded that false allegation of sexual abuse, although rare,⁽³⁸⁾ do occur, that some therapists attribute psychological problems to abuse that never took place, and that some therapists push clients to retrieve false memories.⁽³⁹⁾ These transgressions, however, should not lead to the conclusion that all memories of abuse recovered in a therapeutic setting are constructed or implanted. In light of our current knowledge about the hidden nature of child sexual abuse, a number of commentators warn that all survivors and the validity of their memories should not be repudiated on the grounds of the questionable techniques of some therapists.

(37) Loftus (1993), p. 530.

(38) S.M. Vella (1994), p. 37.

(39) See Smith in Criminal Lawyers' Association (November 1993), Tab 9; Yapko (1994); Loftus (1993).



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